



June 27, 2017

TO: Members, Subcommittee on Health

FROM: Committee Majority Staff

RE: Subcommittee Markup of H.R. 767, H.R. 880, H.R. 931, and H.R. 2422

I. INTRODUCTION

The Subcommittee on Health will meet in open markup session on Thursday, June 29, 2017, at 10:00 a.m., in 2123 Rayburn House Office Building to consider the following:

- H.R. 767, Stop, Observe, Ask and Respond (SOAR) to Health and Wellness Act of 2017;
- H.R. 880, Military Injury Surgical Systems Integrated Operationally Nationwide to Achieve ZERO Preventable Deaths Act (MISSION ZERO) Act;
- H.R. 931, Firefighter Cancer Registry Act of 2017; and
- H.R. 2422, Action for Dental Health Act of 2017.

In keeping with Chairman Walden's announced policy, Members must submit any amendments they may have two hours before they are offered during this markup. Members may submit amendments by email to peter.kielty@mail.house.gov. Any information with respect to an amendment's parliamentary standing (e.g., its germaneness) should be submitted at this time as well.

II. LEGISLATION

A. **H.R. 767, Stop, Observe, Ask and Respond (SOAR) to Health and Wellness Act of 2017**

Worldwide, nearly 21 million people are victims of human trafficking, forced labor, or sexual exploitation.⁵ The Subcommittee will consider an amendment in the nature of a substitute to H.R. 767, introduced by Rep. Steve Cohen (D-TN), which would provide health care professionals training on how to identify and appropriately treat human trafficking victims. The Stop, Observe, Ask and Respond (SOAR) pilot initiative was originally launched in 2013 by the Administration for Children and Families to enhance the health care system's response to human trafficking. This legislation expands and further codifies the SOAR program by requiring the program to provide grants that support training in diverse health care sites, work with stakeholders to develop a flexible training module, provide technical assistance to health

⁵ *ILO global estimate of forced labour*. (2012) (1st ed., p. 13). Geneva. http://www.ilo.org/wcmsp5/groups/public/---ed_norm/---declaration/documents/publication/wcms_182004.pdf

education programs, help disseminate best practices, and develop data collection and reporting on the number of trafficking victims served in health care settings.

B. H.R. 880, Military Injury Surgical Systems Integrated Operationally Nationwide to Achieve ZERO Preventable Deaths Act (MISSION ZERO) Act

The subcommittee will consider an amendment in the nature of a substitute to H.R. 880, introduced by Rep. Burgess (R-TX), Rep. Green (D-TX), Rep. Hudson (R-NC), and Rep. Castor (D-FL). The amendment establishes a grant program for military-civilian partnerships in trauma care that will allow both sectors to benefit from the others' expertise and experience. The program is intended to address significant variation in trauma care delivery across the country, while also helping our troops maintain battlefield readiness between periods of active engagement. The bill stems from a June 2016 report from the National Academies of Sciences, Engineering and Medicine (NASEM) entitled "A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury."¹ Among the report's recommendations, the NASEM proposed that the Secretary of Defense should take steps to develop integrated, permanent joint civilian and military trauma system training platforms, in order to create and sustain an expert trauma workforce between periods of active combat.

C. H.R. 931, Firefighter Cancer Registry Act of 2017

H.R. 931, introduced by Rep. Chris Collins (R-NY), requires the Centers for Disease Control and Prevention (CDC) to develop and maintain a registry to collect data regarding the incidence of cancer in firefighters. Epidemiological studies have found a correlation between firefighters' occupational exposure and cancer.^{2,3} These data include the CDC's National Institute for Occupational Safety and Health (NIOSH) study that reviewed health effects in nearly 30,000 career firefighters followed from 1950 through 2009, and found that firefighters are at increased risk for developing cancer.⁴

D. H.R. 2422, Action for Dental Health Act of 2017

H.R. 2422, introduced by Rep. Robin Kelly (D-IL), enhances the provision of oral health services and oral health education to underserved populations. The Subcommittee will consider

¹ National Academies of Sciences, Engineering, and Medicine. 2016. *A national trauma care system: Integrating military and civilian trauma systems to achieve zero preventable deaths after injury*. Washington, DC: The National Academies Press. <http://www.nationalacademies.org/hmd/Reports/2016/A-National-Trauma-Care-System-Integrating-Military-and-Civilian-Trauma-Systems.aspx>

² LeMasters, G., Genaidy, A., Succop, P., Deddens, J., Sobeih, T., & Barriera-Viruet, H. et al. (2006). Cancer Risk Among Firefighters: A Review and Meta-analysis of 32 Studies. *Journal Of Occupational And Environmental Medicine*, 48(11), 1189-1202. <http://dx.doi.org/10.1097/01.jom.0000246229.68697.90>

³ Pukkala, E., Martinsen, J., Weiderpass, E., Kjaerheim, K., Lynge, E., & Tryggvadottir, L. et al. (2014). Cancer incidence among firefighters: 45 years of follow-up in five Nordic countries. *Occupational And Environmental Medicine*, 71(6), 398-404. <http://dx.doi.org/10.1136/oemed-2013-101803>

⁴ Daniels, R., Kubale, T., Yiin, J., Dahm, M., Hales, T., & Baris, D. et al. (2013). Mortality and cancer incidence in a pooled cohort of US firefighters from San Francisco, Chicago and Philadelphia (1950–2009). *Occupational And Environmental Medicine*, 71(6), 388-397. <http://dx.doi.org/10.1136/oemed-2013-101662>.

an amendment in the nature of a substitute that splits the authority between the CDC and the Health Resources and Services Administration (HRSA). The amendment reauthorizes the oral health promotion and disease prevention programs at the CDC and permits the Centers to award grants or enter into contracts with stakeholders to develop projects to improve oral health education and dental disease prevention. The amendment also reauthorizes HRSA's Grants to States to Support Oral Health Workforce Activities and permits states to establish dental homes, mobile or portable dental clinics, initiatives to reduce the use of emergency departments by patients seeking dental services, and initiatives to provide dental care to nursing home residents.

III. STAFF CONTACTS

If you have any questions regarding this markup, please contact Kristen Shatynski of the Committee staff at (202) 225-2927.